

AIDS gCOE Research Program Kumamoto University Junior Research Associate Supporting Grant Application		For AIDS gCOE Office use only.	
		Date Received	Number
1. NAME OF APPLICANT (Last, First)			2. AGE
3a. AFFILIATION			
3b. POSITION TITTLE	3c. TELEPHONE:	3e. E-MAIL ADDRESS:	4. DOCTORAL DEGREE(S) IF YOU HAVE
			Degree: Conferred Date:
5. EDUCATION/ TRAINING/ EMPLOYMENT <i>(Begin with graduate education.)</i>			
INSTITUTION/ COMPANY AND LOCATION	DEGREE/ OCCUPATION <i>(if applicable)</i>	BEGINNING AND ENDING DATE (mm/yy)	FIELD OF STUDY
6. TITLE OF RESEARCH PROPOSAL			
7. APPLICANT CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and I agree to comply with the terms, conditions, and procedures of award if an award is issued as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I understand that failure to comply with these policies may result in termination of the grant. I also agree to accept responsibility for the scientific and ethical conduct of the research.			
SIGNATURE OF APPLICANT NAMED IN 1.			DATE

**Junior Research Associate
Supporting Grant Application**

NAME OF APPLICANT (*Last, first*)

PROJECT SUMMARY

8. DESCRIPTION: State the application's broad, long-term objectives and specific aims. Describe concisely the research design and methods for achieving these goals. Describe the rationale and techniques you will use to pursue these goals.

Previous Results and Progress / Status of this project

Research Plan for this year

Expected Results and Accomplishments

Publication List of Applicant during the past three years

Authors, Title, Journal, Volume, page numbers, year